U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Manageme and Budget No. 1215-0188 Expires 11-30-200

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1/1/04 Through: 12/31/04			
Name and address of person filing.     t	4. Name, file number, and address of labor organization.			
Name JAMES FALCONIO	Name PLUMBERS LOCAL 27			
	Labor Organization File Number 016-785			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 1040 MONTOUR W. IND. PARK	Street 1040 MONTOUR W. IND. PARK			
City CORAOPOLIS	City CORAOPOLIS			
State PA. ZIP Code + 4 15/08	State P A. ZIP Code + 4   5   6 8			
5. Position in labor organization.  BUSINESS AGENT				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount.			
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Jakes - Tal Crania on 8-2-05 724-695-8153				

Date

Telephane Number

B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business stively seeking to represent, or ndirectly to, or otherwise			
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name				
Trade Name, if any:	a. Labor Organization			
P.O. Box, Bldg., Room No., if any	b. Trust			
Street	c. Employer			
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11. 0			
City	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any).				
Name GOLDBERG, PERSKY, JENNINGS	GOLF OUTING			
Trade Name, if any: & WHITE P.C				
P.O. Box, Bldg., Room No., if any				
Street 1030 FIFTH AVE. 3RD. FL.				
City PGH.				
State PA. ZIP Code + 4 [5219				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. # 201.00			